## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P10000062838

Entity Name: COASTAL QUALITY CARE, INC.

FILED Mar 26, 2012 Secretary of State

Date

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

100 E LINTON BLVD, 307B

DELRAY BEACH, FL 33483

Current Mailing Address: New Mailing Address:

100 E LINTON BLVD, 307B DELRAY BEACH, FL 33483 4301 N OCEAN BLVD 1502 BOCA RATON, FL 33431

FEI Number: 27-3162599 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REINGOLD, BRUCE 7015 BERACUSA WAY 208 BOCA RATON, FL 33433 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: SKOPAS, DIANE

Address: 4301 N OCEAN BLVD 1502 City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANE SKOPAS PRES 03/26/2012